

LOS ANGELES COUNTY EMS AGENCY

CONTINUING EDUCATION ADVERTISEMENT CHECK LIST

Provider_____ CEP #_____

Date_____

All Continuing Education advertisements must include a minimum of the following:

- ☐ CE Provider's name as officially on file with the EMS Agency
- ☐ CE Provider's address and phone number
- ☐ California EMS CE Provider number
- ☐ Topic/Description of the course content
- ☐ Date and Time of course
- ☐ Location of course
- ☐ Objectives – may state that “Objectives are available upon request”
- ☐ Number of hours granted for:
 - ☐ Instructor Based
 - ☐ Non-instructor Based
- ☐ Provider's policy on refunds if applicable

Optional - continuing education format

<i>Instructor Based:</i>	<i>Lecture Field Care Audit</i>	<i>College Course</i>
	<i>Clinical/Field Observation</i>	<i>Advanced Topic</i>
	<i>Media/Serial Production</i>	<i>National/Regional Sponsored</i>
		<i>Course/Conference</i>
<i>Non-Instructor Based:</i>	<i>Clinical/Field Precepting</i>	<i>Teaching</i>
	<i>Media/Serial Production</i>	

*Copies of all EMS Continuing Education Advertisements must be sent to the EMS Agency Office of Program Approvals **prior** to courses being given.*